

JOHNSON
CONTROLS

Johnsor Controls, Inc.
Control Products Division
1302 East Monroe Street
Goshen, IN 46526-4297
Tel. 219/533-2111

January 17, 1990

Indiana Department of
Environmental Management
105 South Meridian Street
P. O. Box 6015
Indianapolis, IN
46206-6015

EPA Region 5 Records Ctr.



305967

Sir:

Re: Notice of Deficiency to Closure Plan, IND 009549593

Please find enclosed the NOD closure plan with map, hazardous waste list, and certification of registered professional engineer, as per your request dated December 13, 1989.

I have followed your guidelines and have listed them on the closure plan as Items 1 through 8.

If you have any questions, please feel free to contact me at 219-533-2111.

Respectfully submitted,

JOHNSON CONTROLS, INC.

Emery Lee Heck
Emery Lee Heck
Manufacturing Engineer

/ms

Enclosure

cc: Randall Holliday

NOTICE OF DEFICIENCY
CLOSURE PLAN REVIEW
JOHNSON CONTROLS, INC.
GOSHEN, IN
IND 009549593

ITEM #3 - Stored for shipment to disposal site

<u>TRADE NAME</u>	<u>H. W. NO.</u>	<u>MAX. INV.</u>
1. Wastewater Treatment Sludge	F006	3000 P
2. Plating Bath Sludges	F008	1000 P
3. Waste Trichloroethylene	F001	3000 P
4. Waste 1,1,1, Trichloroethane	F002	1500 P
5. Waste Flammable Liquid NOS Flux and Thinner	D001	1000 P
6. Waste Methyl Ethyl Ketone	F005	1000 P
7. Waste Flammable Liquid NOS Freon	F002	1000 P
8. Waste Alcohol	F002	1000 P
9. Waste Methylene Chloride	F002	1000 P
10. Waste Flammable Liquid NOS Conathane	F003	500 P
11. Waste Corrosive Liquid NOS Caustic Sludge	D002	1500 P
12. Waste Methylene Chloride and Paint Chips	F002	1000 P

ITEM

#4. No steps needed to remove or decontaminate any closure units for new building constructed for barrel storage. Used oil tank replaced with another one and wastewater treatment still in operation as always.

a. Soil test taken of old listing of area #3 and area #2 and results enclosed.

Random sampling and statistical data for adjacent area included. Sample reports have analytical methods and laboratory QF/QC included.

#5. Closure should be realized on or about January 19, 1990 from our part. No waste removal, sampling, soil removal needed.

#6. Closure Cost Estimate.
Engineer \$80.00 per hour.
Sampling and analysis.

#7. Engineer Certification.

#8. No Treatment Or Disposal At Final TSDF.

a. Operating Status: Applied for Large Quantity Generator Permit 7/13/89, EPA, Chicago, ILL.

PRODUCTS

IN, IND.

ly Layout)

AREA NO. 4 - WASTE WATER TREATMENT SYSTEM (IN BASEMENT) OF PAINT & PLATE BUILDING. TWO (2) 7000 GAL. TANKS FOR CHROME REDUCTION, TWO (2) 1100 GAL TANKS FOR CYANIDE DESTRUCTION, ONE 7000 GAL TANK FOR PH STABILIZATION AND ONE (1) DEEP BED FILTER (10' DIA.) PRIOR TO DISCHARGE TO SANITARY SEWER (40' X 40') 1600 SQ. FT.

LAND 12.8 ACRES

TOTAL AREA UNDER ROOF. . . 307,220 SQ. FT.

OFFICE AREA 23,819 SQ. FT.

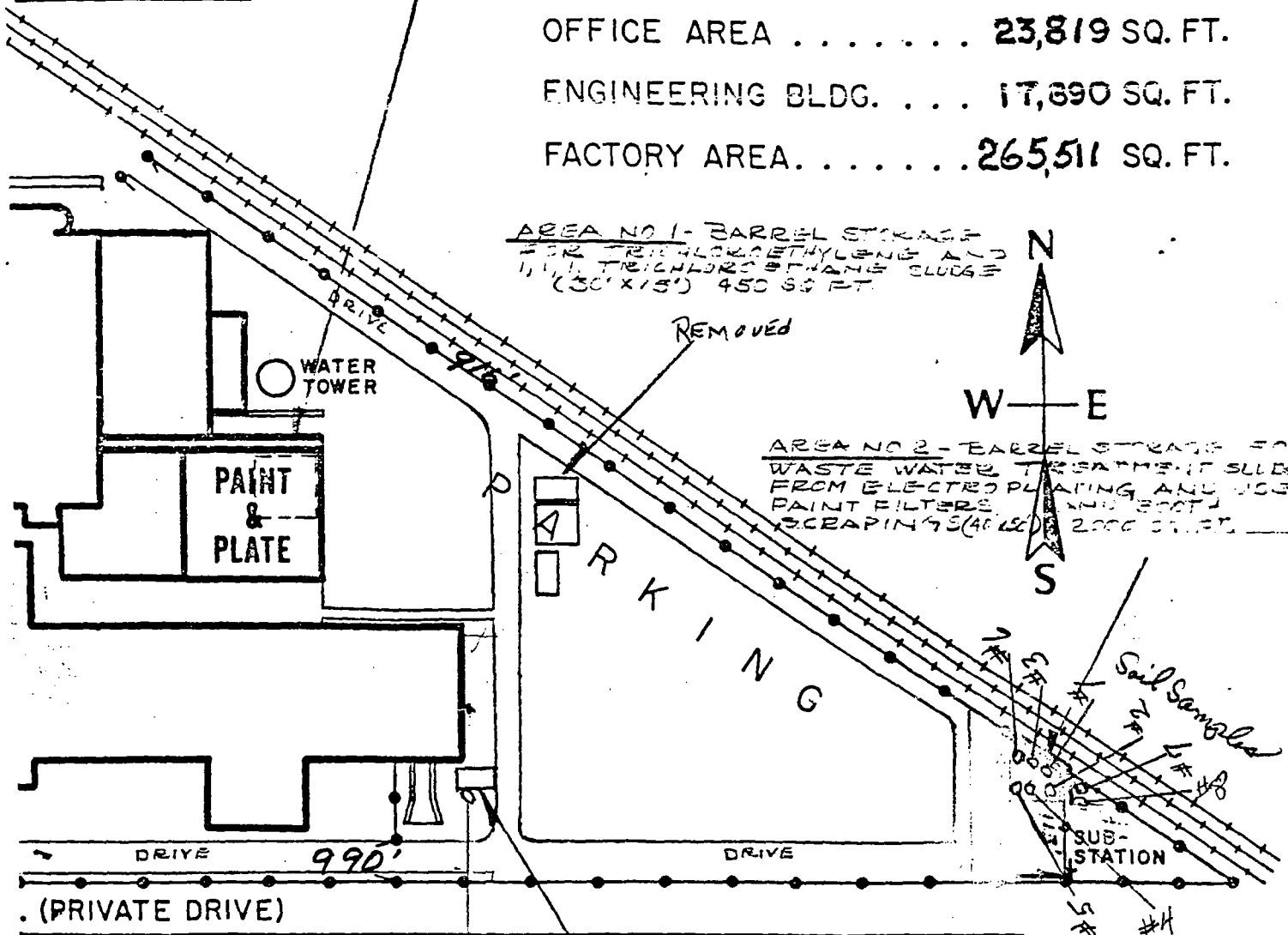
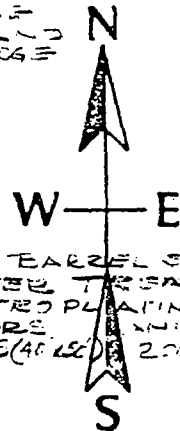
ENGINEERING BLDG. . . . 17,690 SQ. FT.

FACTORY AREA. 265,511 SQ. FT.

AREA NO 1 - BARREL STORAGE FOR TRIETHYLENE AND 1,1,1 TRICHLOROETHANE SLUDGE (30' X 15') 450 SQ. FT.

REMOVED

AREA NO 2 - BARREL STORAGE FOR WASTE WATER TREATMENT SLUDGE FROM ELECTROPLATING AND USED PAINT FILTERS AND SCRAP (40' X 20') 2000 SQ. FT.



Soil Sample No. 6789

AREA NO 3 - TANK STORAGE FOR SPENT ALCOHOL, KEROSENE, METAL ALCOHOL, AND OILS (20' X 15') 300 SQ. FT. SPENT OIL ONLY

FOR ITEM #2

Attachment 2

CERTIFICATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS
(CLOSURE PLAN REVIEW)

FACILITY NAME: JOHNSON CONTROLS, INC.
EPA I.D. NUMBER: IND009549593
LOCATION CITY: 1302 EAST MONROE STREET, GOSHEN
STATE: INDIANA

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION AND IN YOUR CLOSURE PLAN.

	<u>YES</u>	<u>NO</u>
• Landfill	<u> </u>	<u> </u>
• Surface Impoundment	<u> </u>	<u> </u>
• Land Farm	<u> </u>	<u> </u>
• Waste Pile	<u> </u>	<u> </u>
• Incinerator	<u> </u>	<u> </u>
• Storage Tank (Above Ground)	<u> </u>	<u> </u>
• Storage Tank (Underground)	<u> </u>	<u> </u>
• Container Storage Area	<u> </u>	<u> </u>
• Injection Wells	<u> </u>	<u> </u>
• Wastewater Treatment Units	<u> </u>	<u> </u>
• Transfer Stations	<u> </u>	<u> </u>
• Waste Recycling Operations	<u> </u>	<u> </u>
• Waste Treatment, Detoxification	<u> </u>	<u> </u>
• Other <u> </u>	<u> </u>	<u> </u>

2. If there are YES answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed on and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A Application and in your closure plan. Please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or still be occurring.

Please provide the following information:

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

4. In regard to the prior releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases, please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

EMERY LEE HECK / MANUFACTURING ENGINEER
Type Name and Title

Emery Lee Heck
Signature

1/9/90
Date

Attachment 5

This statement is to be completed and attached to each of the six (6) copies of the closure plan. At least one of the copies must contain original signatures.

Closure Plan
Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

IND009549593
U.S. EPA I.D. Number

JOHNSON CONTROLS, INC.
Facility Name

Emery Lee Heck
Signature of Owner/Operator

EMERY LEE HECK / MANUFACTURING ENGINEER
Name and Title

1/9/90
Date

Attachment 6

This statement is to be completed by both the responsible officer and by the registered professional engineer upon completion of closure. Submit six (6) copies of this certification, including at least one (1) copy with original signatures.

Sample
Closure Certification Statement

The hazardous waste management unit(s) at the facility described in the closure plan has (have) been closed in accordance with the specifications in the approved closure plan. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If this is the closure of a unit which is subject to post-closure care requirements, the owner/operator hereby certifies that he has recorded the notation specified in 329 IAC 3-21-10.

IND009549593
U.S. EPA I.D. Number

Emery Lee Heck
Signature of Owner/Operator

James B. Drummond
Signature of Registered P.E.

JANUARY 17, 1990
Date

JOHNSON CONTROLS, INC.
Facility Name

EMERY LEE HECK/MANUFACTURING ENGINEER
Name and Title

JAMES B. DRUMMOND FE#16778, IND.
Name of Registered P.E. and
Registration Number

